

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90018 048 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000024869

1. Entity Name
BOB'S NUTRITION, INC.

Principal Place of Business MANGO TREE DR EDGEWATER FL 32141	Mailing Address 1867 MANGO TREE DR EDGEWATER FL 32141-3929
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2. Principal Place of Business 617 N. DIXIE FREEWAY Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 909 Suite, Apt. #, etc.
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City & State NEW SMYRNA BCH., FL	City & State NEW SMYRNA BCH., FL	4. FEI Number 59-3502261	Applied For Not Applicable
Zip 32168	Country FLORIDA	Zip 32170-0909	Country FLORIDA

6. Name and Address of Current Registered Agent DUDLEY, JOSEPH P 403 DOWNING ST NEW SMYRNA BEACH FL 32168	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD THOMAS, ROBERT L 1867 MANGO TREE DR EDGEWATER FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 909 NEW SMYRNA BEACH, FL. 32170-0909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THOMAS, GERALDINE A 1867 MANGO TREE DR EDGEWATER FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 909 NEW SMYRNA BEACH, FL 32170-0909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Robert L Thomas* **03/02/00** **904-428-7999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)